

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15839

FILED MAY 13 1944
Registration District No. 3063

State File No. 1048

Registrar's No. 1048

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Clayton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
7701 Country Club Court
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 18 yrs.
years, months or days)

3. (a) PRINT FULL NAME PRIEP, WILHELMINA

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Fred W. Priep 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased February 14, 1875
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
69 2 20 — hr. — min.

9. Birthplace St. Peters Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business _____

MOTHER FATHER { 12. Name Ernst Halbruegge
13. Birthplace Unknown Germany
(City, town, or county) (State or foreign country)
14. Maiden name Caroline Schember
15. Birthplace Unknown Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Fred L. Van Steen
(b) Address Plainfield, New Jersey

17. (a) Burial (b) Date thereof May 8, 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Concordia Cemetery

18. (a) Signature of funeral director Beiderwieden F.H., Inc.

(b) Address 1936 St. Louis Avenue

19. (a) MAY 8 - 1944 (b) E. J. McLaughlin, Jr.
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town Clayton
(If outside city or town limits, write "RURAL")
(d) Street No. 7701 Country Club Court
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 4
year 1944 hour 7 minute 30 A. M.

21. I hereby certify that I attended the deceased from Apr 18 1944 to May 4 1944
that I last saw him alive on May 4 1944
and that death occurred on the date and hour stated above.
Immediate cause of death _____

Chronic Myocarditis
Coronary

Due to _____
Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: Of operations 938
Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

(Specify type of place)
While at work _____ (c) Means of injury _____

23. Signature D. J. Lamb (M. D. or other)
Address 727 Metropolis Bldg Date signed 5-5-44

MAR 14 1946

JUN 21

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No. 3737

P. O. Address. 1936 St. Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING: (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.